

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

43943

State File No. _____ Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>6208</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grand Texas</u> c. LENGTH OF STAY (in this place) <u>10 - 15 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> d. STREET ADDRESS (If rural, give location) <u>0532</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Waldo</u> c. (Last) <u>Helton</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>22</u> (Year) <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/6/1913</u>		9. AGE (In years last birthday) <u>37</u>		10. IF UNDER 1 YEAR: Months <u>6</u> Days <u>16</u> Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Steve C. Helton</u>		13b. MOTHER'S MAIDEN NAME <u>Della Mae Forbes</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Ann Helton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>326-10-9400</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nora Ann Helton, Lebanon, Missouri</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car Wreck</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Route Severe Shock</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Ex 16h</u> <u>26</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grand Texas Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-22-50 6P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car Wreck</u> <u>0m 26h</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						23a. SIGNATURE <u>Gaylord V. Elliott, Coroner</u> (Degree or title)	
23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>Dec 24/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>12/25/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec 30-50</u>		REGISTRAR'S SIGNATURE <u>Myrtie Craig</u> <u>327</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

Dist. No. 5 - Springfield

RECEIVED JAN 9 1951

Dist. File

Date Filed

DIVISION OF HEALTH OF MO.

Dist. No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 157-123

Date Filed 1-15-51

JAN 23 1951

SEP 12 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 2252

P. O. Address Cool

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.